

PROPOSED RULE-MAKING (RCW 34.05.320)

(2022	CR-102 (7/23/95)
Agency: Public Disclosure Commission	X Original Notice Supplemental Notice
Preposal Statement of inquiry was filed as WSR 00-16-145;	or to WSR
Proposal is exempt under RCW 34.05.310(4).	Continuance of WSR
(a) Title of rule (Describe Subject):	
WAC 390-24-010 Forms for statement of financial aff	airs.
	ting the need for filers to identify dependent children
	er reportable assets or liabilities and by requesting the
contact telephone number for the filer.	, 1
Other identifying information:	
	Statute being implemented:
RCW 42.17.370(1)	RCW 42.17.240
(c) Summary:	
Every elected official, candidate, and executive state officer is r	required to file a statement of financial affairs with the
Commission. This rule would eliminate the need for persons fil	ling statements of financial affairs to identify dependent
children who are not employed and do not have other reportable	
Reasons supporting proposal:	
The rule is consistent with the Governor's Executive Order 00-0	3 and other privacy concerns expressed by the
Commission. The statement of financial affairs is designed to d	isclose the financial interests and holdings of filers and
their immediate family members. No overriding public policy p	
are not employed and do not have other reportable assets or lial	bilities.
(d) Name of Agency Personnel Responsible for: Office	Location Telephone
(a) 1.444.6 011-8011-911-911-911-911-911-911-911-911-911-	11 Capitol Way, Rm 403, Olympia (360) 664-2735
	11 Capitol Way, Rm 403, Olympia (360) 664-2735
	11 Capitol Way, Rm 403, Olympia (360) 664-8853
(e) Name of proponent (person or organization):	Private
(c) rame or brokenous (become as an grander)	Public
Public Disclosure Commission	X Governmental
(f) Agency comments or recommendations, if any, as to	statutory language, implementation, enforcement,
and fiscal matters: None	
(g) Is rule necessary because of:	
Federal Law? Yes X No	
Federal Court Decision? Yes X No	Citation:
State Court Decision? Yes X No	
(h) Hearing location:	Submit written comments to:
Commission Hearing Room	Doug Ellis
Evergreen Plaza Building	Public Disclosure Commission
711 Capitol Way, Room 206	PO Box 40908
Olympia, WA	Olympia, WA 98504-0908
Th. 4 - 0.4 - 0.4 0.000 Th' 0.00	Fax (360) 753-14 12 by October 20, 2000 DATE OF INTENDED ADOPTION:
Date: October 24, 2000 Time: 9:00 a.m.	and the state of t
Assistance for persons with disabilities: Ruthann Bryant (360) 75.	
Vicki Rippie	CODE REVISER USE ONLY
Vicki Rippie	CODE REVISER USE ONLY
Vicki Rippie SIGNATURE	

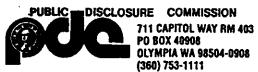
(i)	Short	explanation of rule, its purpose, and anticipated effects:
not e	mployed	ald eliminate the need for persons filing statements of financial affairs to identify dependent children who are and do not have other reportable assets or liabilities. The rule amendment is consistent with Executive Order by the Governor on April 25, 2000.
	Does	proposal change existing rules: X YES NO If yes, describe changes:
This i	rule wou iployed	ald eliminate the need for persons filing statements of financial affairs to identify dependent children who are and do not have other reportable assets or liabilities.
The ru	ıle also p	provides for a contact telephone and a room number change.
(k)	Has a	small business economic impact statement been prepared under chapter 19.85 RCW?
		YES. Attach copy of small business economic impact statement. A copy of the statement may be obtained by writing to:
	X	NO. Explain why no statement was prepared.
		The implementation of this rule does not impact small businesses. It would only apply to individuals filing statements of personal financial affairs.
(1)		section 201, chapter 403, Laws of 1995, apply to this rule adoption? \square Yes X No explain:
		The PDC is not an agency listed in subsection (5)(a)(i) of section 201. Further, the PDC does not voluntarily make section 201 applicable to this rule adoption pursuant to subsection (5)(a)(ii) of section 201, and to date JARRC has not made section 201 applicable to this rule adoption.

AMENDATORY SECTION (Amending WSR 97-23-020, filed 11/10/97)

WAC 390-24-010 Forms for Statement of Financial Affairs. The official form for statements of financial affairs as required by RCW 42.17.240 is designated "F-1", revised ((11/97)) 11/00. Copies of this form are available at the commission office, 711 Capitol Way, Room ((403)) 206, Evergreen Plaza Building, P O Box 40908, Olympia, Washington 98504-0908. Any attachments must be on 8-1/2" x 11" white paper.

\	711 CAPITOL WAY RM 463 PO BOX 48966 OLYMPIA WA 96564-8988 (368) 753-1111 of for detailed assistance and 6 ent elected and appointe	•	PER		P M PC O A S R T K	OC OFFICE USE
April 15. weeks of appointe	 Candidates and other f becoming a candidate d to a position. LC DISCLOSURE COMMISSI 		A B C D	\$1 to \$2,999 \$3,000 to \$14,999 \$15,000 to \$29,999 \$30,000 to \$74,999 \$75,000 or more	ELVED	
Last Name Mailing Address	First	Middle	Initial	Names of Spouse and Do	ependents	Political Pa N partisen offic pertinent to appoi
City	County	Zip + 4				
Filing Status (Check only o	one box.) ate appointed official tiling ann	ual report		Office Held or Sought Office title		
☐ Final report as an election ☐ Candidate running in an		year	-	County, city, district or age	·	•
Newly appointed to an e				Position number Term begins:		
				Was Earned	(Ue	e Code)
		·				
Check here	if continued on attached shee List street address, assess estate with value of over \$	sor's percel number, or 7,500 in which you or a	family men	nber held a p e geonal fina	ch percel of	Washington r
	List street address, assess estate with value of over \$ reporting period. (Show pe	nor's percel number, or 7,500 in which you or a artnership, company, etc	family men :. real estat	nber held a personal final e on F-1 supplement.) Native and	ncial intere	et during the se Code) of Pay
2 REAL ESTATE	List street address, assessed estate with value of over \$ reporting period. (Show periods to the Code) rest Acquired	nor's percel number, or 7,500 in which you or a artnership, company, etc	family men : real estat 'urchaser	nber held a personal final e on F-1 supplement.) Native and	Amount (Us ration Receiver	et during the

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r ti	ntinued on	n attache	d sheet											
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	questions ort. If all a ve officer d officials	A thru i answers r filing yo	D below. are NO our initia	and you al report, utive offi	i are a ca , no F-1 S icers filin	tabibnı relqqui a na pa	e for si nent la nnual 1	these questions the control of the c	fice, as	n appointee rt also musi	to a vac	ant elec	tive of	ilce,
P	spouse or d ny time duri	depender ring the re	nts an offi porting p	icer, direct	tor, gener	el pertni yes, cor	er or tru	stee of any corp Supplement, Par	oration t A.	, сотралу, ш				
eţ	reporting pr	eriod?	H	yes, com	plete Sup	plement	, Part A							186 at 8
OK.	ouse or de	spendents	prepare,	, promote	or oppose	o state i	ogislati:	orting period? on, rules, rates o d? If ye	r stand	_ If yes, come ards for curre plete Supplen	t or dete	rred com		on (oth
)	ns Filling A 1) Did you, or 2)	Annuel Re your spot Did any s	port. Ruse or de source off	Regarding pendents her than y	the receip (or any co	pt of iten ombinat nmental	ns not p ion ther agency	provided or paid reof) accept a gif y provide or pay i a questions, com	for by y It of foo in whole	our governme d or beverage a or in part for	ental ager e coeting you, you	icy during over \$50	per	
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PDC FORM

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SUPPLEMENT
(11/97)

SUPPLEMENT PAGE

PERSONAL FINANCIAL AFFAIRS STATEMENT

	(360) 753-1111		(11/97)			
PROVIDE INFOR	MATION FOR YOURSELF, SPOUS	E, DEPENDENT CHILDREN AND OTHER I	DEPENDENTS IN	YOUR HOUSEHOLD		
LAST NAME		FIRST		MIDOLE INITIAL	DATE	
				•		
	SINESS INTERESTS. Whi	each corporation, non-profit organic you, your spouse or dependent ermprovide the following informations.	its are an offici	ociation, union, partner er, director, general par	ship, joint venture or the trustee, or 10 pe	other entity incent or mor
•	Legal Name: Report name	used on legal documents establish	ning the entity.			
•	Trade or Operating Name:	Report name used for business pu	rposes if differe	nt from the legal name.		
•	Position or Percent of Owner	rship: The office, title and/or perce	ent of ownership	held.		
•	Brief Description of the Bus	ness/Organization: Report the pu	rpose, product(s	s), and/or the service(s)	endered.	-
•	Payments from Governmening which you're reporting, s	al Unit: If the governmental unit in how the purpose of each payment	which you hold and the actual a	l or seek office made pay mount received.	ments to the business	entity concern
•	union, association, business compensation of \$7,500 or performed for the compensa-		ch government a Briefly say what	agency (other than the or t property, goods, service	e you seek/hold office) s or other consideration	which paid
•	Washington Real Estate: I	dentify real estate owned by the bus	siness entity if th	ne qualifications reference	ed below are met.	
ENTITY	NO. 1			Reporting for: Self	Spouse Dep	endent
LEGAL	NAME:	•		POSITION	OR PERCENT OF OW	NERSHIP
TRADE	OR OPERATING NAME:					
ADDRE	SS:					
BRIEF (DESCRIPTION OF THE BUSI	NESS/ORGANIZATION:		•		
PAYMEN	VTS ENTITY RECEIVED FRO Purpose of pa	M GOVERNMENTAL UNIT IN WHI yments	CH YOU SEEK/	HOLD OFFICE: Amount (ac	tual dollars)	
PAYMEN	NTS ENTITY RECEIVED FRO Customer nam	M BUSINESS CUSTOMERS AND (e:	OTHER GOVER		ER \$7,500: payment (amount not re	quired)
			•			
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		•				
	·					
WASHIN and asse	IGTON REAL ESTATE IN WHI	CH ENTITY HELD A DIRECT FINA \$15,000. List street address, asset	NCIAL INTERE	ST (Complete only if owr ber, or legal description	ership in the ENTITY is and county for each pan	10% or more cel):
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ENTITY NO. 2		Reporting for: Self	Spouse D	ependent
LEGAL NAME:		POSITION (OR PERCENT OF C	WNERSHIP
TRADE OR OPERATING NAME:		•		
ADDRESS:				
BRIEF DESCRIPTION OF THE BUSINESS/ORGA	MIZATIČNI:			
BRIEF DESCRIPTION OF THE BUSINESSYONGA	NIZATION.			
		•		
PAYMENTS ENTITY RECEIVED FROM GOVERNM	MENTAL UNIT IN WHICH YOU SEEK	K/HOLD OFFICE:		
Purpose of payments	•	Amount (acti	ual dollars)	
				·
	•			
PAYMENTS ENTITY RECEIVED FROM BUSINESS	CUSTOMERS AND OTHER GOVE	FRNMENT AGENCIES OVE	=P \$7 500°	
Customer name:			ayment (amount no	t required)
				-
				•
WASSINGTON BEAU ESTATE IN WALKSHENTITY	JELO A DIRECT CIRIARICIAL INTER	CCT (Complete only if sum	anchin in the CNITI	TV := 100/
WASHINGTON REAL ESTATE IN WHICH ENTITY I or more and assessed value of property is over \$15,	000. List street address, assessor p	arcel number, or legal desc	ription and county f	or each parcel):
	•			
	•			
		•		
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		•		
heck here : If continued on attached sheet				
				tion or
K LOBBYING state rules, rates or standa	or any immediate family men ards for current or deferred co elected official or professional	ompensation. Do not li	ist pay from gov	ernment
Person to Whom Services Rendered	Description of Legis		Compensatio	n (Use Code)
•		• •		- .
				1 -
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eck here I if continued on attached sheet				
F000	source other than your own of the following items to you			
thorach 1) East and how	erages costing over \$50 per	, your spouse or dep occasion: 2) Travel (occasions: or 3	Seminars.
SEMINARS thereof: 1) Food and bevo				,
Date Donor's Name, City and State	Brief Desc	cription	Actual Dollar	Value
Received	·		Amount	(Use Code).
•				
		•	-	
				:
				•
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Check here [] if continued on attached sheet

PDC FORM

PERSONAL FINANCIAL

P M O A S R T K M PDC OFFICE USE

CONTINUE ON REVERSE

	(360) 753-1111	-0905	(11/00)	AFFAII	KS STATEMENT	' "		
	• •			****	R			
Refer to instru	ction manual for detailed assista	nce and example	es.	DOLLAR CODE	AMOUNT	E C E		
Deadlines:	incumbent elected and appoin	nted officials	by April 15.	A	\$1 to \$2,999	1		
	Candidates and others with candidate or being newly app	in two weeks o	of becoming a	B	\$3,000 to \$14,999 \$15,000 to \$29,999	V I E		
	Candidate of pend newly app	Officed to a pos		6	\$30,000 to \$74,999	Ď		
SEND REPO	ORT TO PUBLIC DISCLOSU	RE COMMISS	ION	E	\$75,000 or more			
Last Name	First		Middle	e Initial	other dependents living in yo	lose for dependent children, or		
Mailing Addre	ss (Use PO Box or Work Addres	s)						
City	Count	у	Zip +	4				
Filing Status	(Check only one box.)				Office Held or Sought			
•	ed or state appointed official filing	annual report			Office title:	- £ Ab ABC		
	ort as an elected official. Term e				County, city, district or agenc	cy of the oπice,		
Candidat	te running in an election: month		уеаг .		Position number:			
	pointed to an elective office				Term begins:	ends:		
Newly at	opointed to a state appointive office							
1	INCOME List each employ member received	er, or other so 1\$1,500 or mon	ource of income (period	d. (Report in	terest and dividends in Item) from which you or a family 3 on reverse)		
Spouse (SP) Dependent (D) Property Sold	Check Here if continued on attached sheet List street address, assessor's parcel number, or legal description AND county for each parcel of Washington real estate with value of over \$7,500 in which you or a family member held a personal financial interest during the reporting period. (Show partnership, company, etc. real estate on F-1 supplement.)							
Value (Use Code)								
Property Puro	chased or Interest Acquired	:	Creditor's Name/Add	dress Pay	ment Terms Security Given	Mortgage Amount - (Use Code) Original Current		
All Other Pro	perty Entirely or Partially Owned							

,_	ASSETS / INVESTMENTS - INTEREST / DIVIDENDS	List bank Intangible	and savings account property held during	ts, insurance the reporting	policies, sto period.	ck, bonds	and othe
A	Name and address of each bank or financial institution in wi or a family member had an account over \$15,000 any time du report period.	hich you Type uring the	of Account or Descripti	on of Asset	Asset Value (Use Code)	1	e Amount Code)
₿.	Name and address of each insurance company where yo family member had a policy with a cash or loan value over the during the period.	ou or a \$15,000					
C.	Name and address of each company, association, gove agency, etc. in which you or a family member owned or financial interest worth over \$1,500. Include stocks, ownership, retirement plan, IRA, notes, and other intangible pr	had a bonds.					
_Ch	eck here 🔲 if continued on attached sheet.				į		
4	CREDITORS List each creditor you or a family m Don't include retall charge account	ember owed \$1 s, credit_cards,	500 or more any time or mortgages or real	during the pe	eriod. ed in Item 2.		OUNT CODE)
	Creditor's Name and Address		erms of Payment	Securit	y Given	Originat	Present
	ck here if continued on attached sheet.						
5 ^	Ail filers answer questions A thru D below. If the answas part of this report. If all answers are NO and you ar state executive officer filing your initial report, no F-1 S incumbent elected officials and state executive officer Supplement is required of these officeholders unless a were you, your spouse or dependents an officer, director, general parts through the reportion period?	e a candidate for upplement is re rs filing an ann il answers to qu	or state or local office quired. ual financial affairs r lestions A thru E are f	, an appointe eport also m IO.	e to a vacant o	elective of uestion E.	fice, or a
В.	during the reporting period? If yes, complete Supplement, Part A. Did you, your spouse or dependents have an ownership of 10% or more i period? If yes, complete Supplement, Part A.						
C.	Did you, your spouse or dependents own a business at any time during the	e reporting period?	If yes, complete Suppl	ement, Part A.			
D.	Did you, your spouse or dependents prepare, promote or oppose state legislation, rules, rates or standards for current or deferred compensation (other than pay for a currently held public office) at any time during the reporting period? If yes, complete Supplement, Part B.						
E.	Only for Persons Filing Annual Report. Regarding the receipt of item your spouse or dependents (or any combination thereof) accept a gift of for agency provide or pay in whole or in part for you, your spouse and/or depe	s not provided or p	aid for by your government				
ALL	FILERS EXCEPT CANDIDATES. Check the appropriate box.	, <u>, , , , , , , , , , , , , , , , , , </u>	CERTIFICATION: I	certify unde	er penalty of	perjury	that the
	I hold a state elected office or am an executive state officer. I am familiar with RCW 42.52.180 regarding the use of publi campaigns.	have read and ic resources in	i c	ntormation cor correct to the b	ntained in this est of my know	report is /ledge.	true and
	I hold a local elected office. I have read and am familiar with F regarding the use of public facilities in campaigns.	RCW 42.17.130	Signature Contact Telephone: (`		Date	
,			REPORT NOT ACC	FOTABLE V	VITHOUT EIL	Epie eic	MATUE



PDC FORM SUPPLEMENT (11/97)

SUPPLEMENT PAGE

PERSONAL FINANCIAL AFFAIRS STATEMENT

NOT DE	***	marion ron roonsett, s	POUSE, DEPENDENT CHILDRE	N AND OTHER DEPENDENTS	IN YOUR HOUSEHOLD	
LAST NA	ME		FIRST		MIDDLE INITIAL	DATE
A	BU:	Payments from Busine union, association, bus compensation of \$7,50 performed for the compensation of \$7,50 performed for the compensation the compensation of \$7,50 performed for the compensation of \$7,50 pe	owner—provide the folional to a me: Report name used for legal documents: Report name used for Ownership: The office, title Business/Organization: Inmental Unit: If the governing, show the purpose of each customers and Other Governments or other commercial to or more during the period pensation.	or dependents are an owing information: nents establishing the ention business purposes if different of owner Report the purpose, produmental unit in which you ach payment and the actuovernment Agencies: Lientity and each government to the entity. Briefly say were	ty. ferent from the legal name. ship held. uct(s), and/or the service(s) re hold or seek office made payr al amount received. st each corporation, partnersh ent agency (other than the on- what property, goods, services	nents to the business entity concern hip, joint venture, sole proprietorship, e you seek/hold office) which paid s or other consideration was given or
	•	Washington Real Estat	te: Identify real estate own	ned by the business entity	if the qualifications reference	d below are met.
-	TITY				Reporting for: Self	_ Spouse Dependent
TR		NAME: OR OPERATING NAME SS:	:		POSITION C	OR PERCENT OF OWNERSHIP
BR	IEF D	ESCRIPTION OF THE I	BUSINESS/ORGANIZATIO	N:		
PAY	MEN	TS ENTITY RECEIVED Purpose	FROM GOVERNMENTAL of payments	UNIT IN WHICH YOU SEI	EK/HÖLD OFFICE: Amount (actu	ual dollars)
PAY	MENT	TS ENTITY RECEIVED Customer	FROM BUSINESS CUSTO r name:	MERS AND OTHER GOV	ERNMENT AGENCIES OVE Purpose of pa	R \$7,500: ayment (amount not required)
WA:	SHING 459 05	TON REAL ESTATE IN sed value of property is	WHICH ENTITY HELD A D over \$15,000. List street ac	HRECT FINANCIAL INTEI Idress, assessor parcel re	REST (Complete only if owner Imber, or legal description an	ship in the ENTITY is 10% or more d county for each parcel):
ick ham	□ *~	onlinued on attached sheet				
OF BUT F	SUPP	LEMENT (REVISED 11/07)/				

ENT	TTY NO. 2		Reporting for:		Dependent
•	IAL NAME:		P	OSITION OR PERCEI	VIT OF OWNERSHIP
	DE OR OPER	ATING NAME:			
		All il de l'a alle.			
ADL	DRESS:				
BRII	EF DESCRIPT	ION OF THE BUSINESS/ORGANIZATI	ON:		
PAY	MENTS ENTIT	Y RECEIVED FROM GOVERNMENTA Purpose of payments	IL UNIT IN WHICH YOU SEEK/HOLD OFFICE A	E: mount (actual dollars)	
PAY	MENTS ENTIT	Y RECEIVED FROM BUSINESS CUS Customer name:	TOMERS AND OTHER GOVERNMENT AGE P	NCIES OVER \$7,500: urpose of payment (an	nount not required)
WA: or in	SHINGTON RE nore and asses	FAL ESTATE IN WHICH ENTITY HELD sed value of property is over \$15,000.	A DIRECT FINANCIAL INTEREST (Complete List street address, assessor parcel number, o	e only if ownership in the legal description and	ne ENTITY is 10% county for each parcel):
		List persons for whom you or a state rules, rates or standards body in which you are an elec-	any immediate family member lobbied for current or deferred compensation ted official or professional staff memb	er.	on government
	Person to V	/hom Services Rendered	Description of Legislation, Rules, I	Etc. Con	npensation (Use Code)
Chart hom	☐ If continued on	etteched sheet			
~~~ :ma			the other than tour our sources	ntel econor neid	for or otherwise
FOOD TRAVEL SEMINARS  Complete this section if a source other than your own governmental agency paid for or otherwise provided all or a portion of the following items to you, your spouse or dependents, or a combination of the following items to you, your spouse or dependents, or a combination of the following items to you, your spouse or dependents, or a combination of the following items to you, your spouse or dependents, or a combination of the following items to you, your spouse or dependents, or a combination of the following items to you, your spouse or dependents, or a combination of the following items to you, your spouse or dependents, or a combination of the following items to you, your spouse or dependents, or a combination of the following items to you, your spouse or dependents, or a combination of the following items to you, your spouse or dependents, or a combination of the following items to you, your spouse or dependents, or a combination of the following items to you, your spouse or dependents, or a combination of the following items to you, your spouse or dependents, or a combination of the following items to you, your spouse or dependents, or a combination of the following items to you, your spouse or dependents, or a combination of the following items to you, your spouse or dependents, or a combination of the following items to you, your spouse or dependents, or a combination of the following items to you, your spouse or dependents, or a combination of the following items to you, your spouse or dependents, or a combination of the following items to you, your spouse or dependents, or a combination of the following items to you, your spouse or dependents, and you will not yo					
Date Receiv		Donor's Name, City and State	Brief Description		Dollar Value nount (Use Code)
Check hore	☐ if confinued o	n atlached wheet			

PDC FORM F-1 SUPPLEMENT (REVISED 11/97)--1